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TRANSPIRED AND MOTION OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF	9 4 - 4 5	New York	
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL		
FOR: REALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)		
2: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION	November 3, 1994	November 3, 1994	
DEPARTMENT OF HEALTH AND HUMAN SERVICES TYPE OF PLAN MATERIAL (Check One):			
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☐ NEW STATE PLAN ☐ AMENDMENT TO BE CON	ISIDERED AS NEW PLAN 💹 A	MENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENI		endment)	
FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 1994-1995 \$ 50	-5 m	
42 CFR Part 447		0	
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION	
Attachment 4.19-D Part I Page 116	OR ATTACHMENT (If Applicable):		
Attachment 4.19-b lait I lage 110	No Previous Page		
** See Remarks	No rrevious rage		
See Remarks	1		
1). SUBJECT OF AMENDMENT:			
Long Term Care Services (Recalibration)			
. Long leim oute belvieds (Meddliblation)			
GOVERNOR'S REVIEW (Check One):			
· · ·	OTHER, AS SPECIFIED:		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	•	VI THE COURT OF THE	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		22.5	
	16. RETURN TO:	<u> </u>	
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3. TYPED NAME:	New York State Department of 40 North Pearl Street	Social Services	
Michael J. Dowling	Albany, New York 12243	The second of th	
4. TITLE:		e toppe	
Commissioner 5. DATE SUBMITTED:			
December 30, 1994			
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Attachment 4:19+D is revised page 109 submitted	I by State in latter dated Me	n 24.1998	
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New York

Attachment 4.19-D Part I

Nursing facilities (NF) shall receive prospective 1994 rate enhancements to their rates of payment, effective November 3, 1994 through December 31, 1994. An amount not to exceed \$111 million shall be distributed to all eligible nursing facilities through 1994 prospective rate enhancements to their rates of payment. Eliqible facilities shall be those facilities that sought timely relief for such rate enhancements. Such amount shall be allocated to each eligible NF based upon its reported change in patient case mix as determined by the total number of patients properly assessed and reported by the facility pursuant to 86-2.30, in excess of that reimbursed for the same base period, 1989-1991. the prospective payment facility's allocated share of enhancement shall be converted to a per diem adjustment by dividing this amount by its volume of Medicaid days for the period November 3, 1994 through December 31, 1994.

TN 94-45 Approval Date Nov. 2 8 2000
Supersedes TN 91-24 Effective Date Nov. 3, 1994